



PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828
EMAIL: pdc@pdc.wa.gov

PDC FORM
F-1
SUPPLEMENT
(1/15)

SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name	First	Middle Initial	DATE
EYMAN	TIM	D	2019-12-05

A

**OFFICE HELD,
BUSINESS
INTERESTS:**

Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
 - (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
 - Trade or Operating Name: Report name used for business purposes if different from the legal name.
 - Position or Percent of Ownership: The office, title and/or percent of ownership held.
 - Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
 - Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
 - Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
 - Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self ☒ Spouse ☐

Registered Domestic Partner ☐ Dependent ☐

LEGAL NAME:

TIM EYMAN WATCHDOG FOR TAXPAYERS LLC

POSITION OR PERCENT OF OWNERSHIP
PRINCIPLE

TRADE OR OPERATING NAME:

SAME

ADDRESS:

11913 59th ave w

mukilteo

WA 98275

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

POLITICAL CONSULTING (DISSOLVED DEC 2018)

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)
\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGES

PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828		PDC FORM <div style="font-size: 2em; font-weight: bold;">F-1</div> (1/15)		PERSONAL FINANCIAL AFFAIRS STATEMENT		PDC OFFICE USE 100947549 Covers: 12-05-2018 To: 12-04-2019 Received: 12-05-2019																
Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DOLLAR CODE</th> <th style="text-align: left;">AMOUNT</th> </tr> <tr> <td>A</td> <td>\$1 to \$4,499</td> </tr> <tr> <td>B</td> <td>\$4,500 to \$23,999</td> </tr> <tr> <td>C</td> <td>\$24,000 to \$47,999</td> </tr> <tr> <td>D</td> <td>\$48,000 to \$119,999</td> </tr> <tr> <td>E</td> <td>\$120,000 or more</td> </tr> </table>		DOLLAR CODE	AMOUNT	A	\$1 to \$4,499	B	\$4,500 to \$23,999	C	\$24,000 to \$47,999	D	\$48,000 to \$119,999	E	\$120,000 or more					
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Last Name	First	Middle Initial																				
EYMAN	TIM	D																				
Mailing Address (Use PO Box or Work Address) 500 106TH AVE NE #709																						
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Filing Status (Check only one box.) <input type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input checked="" type="checkbox"/> Candidate running in an election: month <u>NOV</u> year <u>2020</u> <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature			Office Held or Sought Office title: <u>GOVERNOR</u> County, city, district or agency of the office, name and number: <u>GOVERNOR, OFFICE</u> <u>OF</u> Position number: <u>N/A</u> Term begins: <u>01-01-2021</u> ends: <u>12-31-2024</u>																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> <div style="font-size: 2em; font-weight: bold;">1</div> <div style="font-weight: bold;">INCOME</div> </div> <div style="width: 90%;"> List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3 on reverse) </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width: 5%;">Show Self (S) Spouse (SP/DP) Dependent (D)</th> <th style="width: 45%;">Name and Address of Employer or Source of Compensation</th> <th style="width: 30%;">Occupation or How Compensation Was Earned</th> <th style="width: 20%;">Amount: (Use Code)</th> </tr> <tr> <td></td> <td>Permanent Offense PO Box 6151 OLYMPIA WA 98057</td> <td>Political Activist - Office compensation</td> <td>B</td> </tr> <tr> <td>S</td> <td>Voters Want More Choices PO Box 6151 OLYMPIA WA 98507</td> <td>Activist - loan repayments (\$500K loan to 976)</td> <td>B</td> </tr> </table> <p>Check Here <input type="checkbox"/> if continued on attached sheet</p>							Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)		Permanent Offense PO Box 6151 OLYMPIA WA 98057	Political Activist - Office compensation	B	S	Voters Want More Choices PO Box 6151 OLYMPIA WA 98507	Activist - loan repayments (\$500K loan to 976)	B				
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CONTINUE ON NEXT PAGE

3**ASSETS / INVESTMENTS - INTEREST / DIVIDENDS**

List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

A. Name and address of each bank or financial institution in which you or a family member, including registered domestic partner, had an account over \$24,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code) E	Income Amount (Use Code) A
3800 HARBOUR POINTE BLVD SW mukilteo WA 98275	CHECKING - PERSONAL/FAMILY		
B. Name and address of each insurance company where you or a family member, including registered domestic partner had a policy with a cash or loan value over \$24,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you or a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self directed an investment account, identify each stock or other asset in that account.			

Check here ☒ if continued on attached sheet.

4**CREDITORS**

List each creditor you or a family member, including registered domestic partner, owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

**AMOUNT
(USE CODE)**

Creditor's Name and Address	Terms of Payment	Security Given	Original D	Present D
KLINEDINST ATTORNEYS 701 5TH AVE #1220 SEATTLE WA 98501	UNKNOWN	UNKNOWN		
STATE OF WASHINGTON 1125 WASHINGTON ST SE Olympia WA 98501	UNKNOWN	UNKNOWN	E	E

Check here ☐ if continued on attached sheet.

5

All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? ___ If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? X If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? ___ If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? ___ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? ___ If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- ☐ I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- ☐ I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Tim Donald Eyman 12-05-2019
Signature Date
Contact Telephone: (425) 590-9363 *
Email: tim_eyman@comcast.net (work)*
Email: _____ (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

FINANCIAL INSTITUTIONS CONTINUED

F-1

3ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

A. Name and address of each bank or financial institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
KEY BANK 11700 MUKILTEO SPEEDWAY #700 mukilteoWA98275	CHECKING - PERSONAL/LEGAL DEFENSE	E	A
HERITAGE BANK 11832 MUKILTEO SPEEDWAY mukilteoWA98275	CHECKING - PERSONAL/LEGAL DEFENSE	D	A
PERSHING LLC 1 PERSHING PLAZA JERSEY CITYNJ07399	IRA	D	A
Check here <input type="checkbox"/> if continued on attached sheet.			